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FEE TRANSMITTAL FOR FY 2009 Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT Check Credit Card Money Order None Other (please identify): X Deposit Account Deposit Account, Number: Charge e(s) indicated below X Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Fee (\$) Fee
FEE TRANSMITTAL For FY 2009 Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) 220.00 Attorney Docket No. 1163-0550PUS1 At Unit 2622 At Unit 2622 TOTAL AMOUNT OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): X Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, Lie For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing X Charge any additional fee(s) or underpayments of Ee(s) under 37 CFR 1.16 and 1.17 FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Fee (\$) Fe
For FY 2009 First Named Inventor Masumi DAKEMOTO Examiner Name L. R. Virany
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X Deposit Account Deposit Account Number: O2-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, Li
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Fee(s) under 37 CFR 1.16 and 1.17
1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Small Entity Fee (\$) Fees Paid (\$) Utility 330 165 540 270 220 110 70 140 70
FILING FEES Small Entity Fee (\$) Fee (
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Utility 330 165 540 270 220 110 Design 220 110 100 50 140 70 Plant 220 110 330 165 170 85 Reissue 330 165 540 270 650 325 Provisional 220 110 0 0 0 0
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2 EVCESS CLAIM EEES
Fee Description Fee (\$)
Each claim over 20 (including Reissues) 52
Each independent claim over 3 (including Reissues) 220 1
Multiple dependent claims 390 1
Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims
x = ree (3)
HP = highest number of total claims paid for, if greater than 20.
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)
4 -3 or HP = 1 × 220.00 = 220.00 HP = highest number of independent claims paid for, if greater than 3.
3. APPLICATION SIZE FEE
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer
listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$
100 = /50 = (round up to a whole number) x =
4. OTHER FEE(S) Fees Paid (S
Non-English Specification, \$130 fee (no small entity discount)
Other (e.g., late filing syrchatge):
SUBMITTED BY ())
Signature Registration No. 29,680 Telephone (703) 205-8000

